



Introduction

Massachusetts
Department of Correction

Thomas Turco III
Commissioner

CY16 1ST QTR Gap Analysis Report

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The Massachusetts Department of Correction's (MA DOC) vision is to effect positive behavioral change in order to eliminate violence, victimization, and recidivism. Motivating and recommending offenders to participate and complete evidence based programs is one of the many strategies the MA DOC utilizes to effect positive behavioral change. In order for the MA DOC to make informed decisions and document progress towards this vision, a quarterly **gap** analysis is implemented for measuring and reporting offenders' participation in evidence based programs.

The following analysis captures our programming gaps, provides benchmarks for strategic planning, promotes transparency, and creates a roadmap for efficiently managing resources. This leads to the development of numerous strategies to improve programming outcomes and reduce programming gaps, such as re-allocating resources, maximizing program capacity, and creating a culture of program compliance via the Program Engagement Strategy*1. Most importantly, programming outcomes within this report document progress towards the goals outlined in the MA DOC Classification, Programs, and Reentry Performance Based Plan.

In regards to the MA DOC's programming processes, the department conducts a risk assessment on male criminally sentenced offenders that are serving a minimum of one year and are not sentenced to life without parole. Offenders who score moderate-to-high risk to recidivate on their risk assessment are eligible for a needs assessment. An offender's needs assessment scores identify criminogenic need areas that should be addressed with corresponding evidence based programming prior to release in order to reduce the likelihood of recidivating.

Therefore, offenders with a substance abuse, anger, or criminal thinking need are recommended for the Correctional Recovery Academy (CRA) Program, Violence Reduction Program, Criminal Thinking Program, respectively. This report will illustrate the MA DOC's progress towards promoting positive behavioral change by means of programming prior to an offender's release.

*1- Program Engagement Strategy is a tool piloted at MCI-Concord, MCI- Norfolk, and NCCI-Gardner that employs a balanced approach of incentives and consequences to increase program participation and decrease refusals and terminations. For example, offenders that refuse to participate in recommended programming may lose privileges, such as preferred housing, employment, preferred program placement, and seniority date.

Section 1: Release Cohort

Releases to the Street *2:

From January 1, 2016 through March 31, 2016, a total of 369 male offenders released to the street from MA DOC custody that began this admission as a new court commitment*3. Seventy-five percent (n=277) of releases completed a needs assessment, and were recommended for programming based on their corresponding criminogenic need areas. The following analysis depicts this release cohort's progress towards addressing their criminogenic needs prior to release.

Methodology:

Offenders may have multiple outcomes for a specific program due to being recommended for a program until it is completed. For example, an offender may initially refuse to participate in a program; however, on a subsequent program recommendation decide to enroll and go on to complete a program. Therefore, a hierarchy of program outcomes has been established to measure the highest level of participation an offender has achieved during their incarceration. Each offender's highest program outcome within the hierarchy below is reflected in the following tables for each program.

- Completed Program
- Participated
- Refused to Participate
- Accepted
- Ineligible
- Program not Available
- No recommendation/No recommendation outcome/
Pending override approval
(POA)*4

The **gap** is the percentage of offenders who did not complete or participate corresponding core programming to a need area prior to their release:

$$\text{gap} = 100\% - (\% \text{ Completed Program} + \% \text{ Participated in Program})$$

The total sum of eligible offenders is based upon the sum of offenders with a corresponding need (i.e., substance abuse, anger, or criminal thinking) and those with a program override entry. *5

*2- A release to street occurs when an inmate is released from the custody of the Massachusetts Department of Correction by way of parole or discharge to the street. Conditions warranting a release to street include: parole, good conduct discharge, and expiration of sentence.

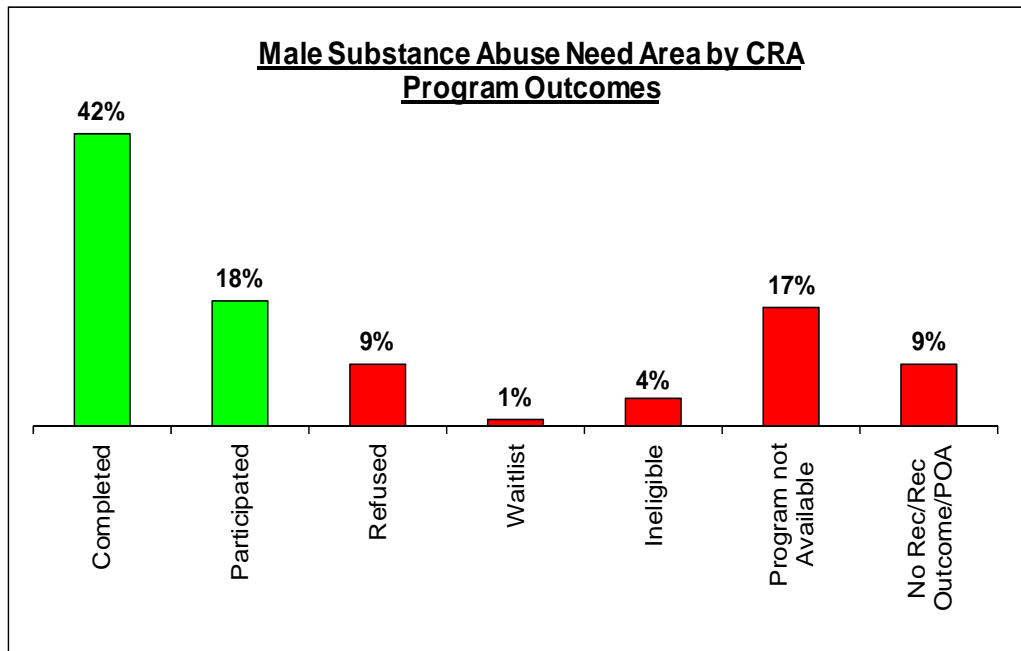
*3- Individuals committed by the courts to the Massachusetts Department of Correction as a result of a criminal offense. Therefore, this analysis excludes offenders who were re-admitted and subsequently released.

*4- Incomplete program recommendations due to an offender obtaining an early release via parole, or being transferred before a recommendation can be completed at their prior facility.

*5- As part of the MA DOC case management model, when an offender does not score moderate to high risk for a criminogenic need area based on their needs assessment, a program recommendation is formulated by their Correctional Program Officer (CPO) due to documented evidence that the offender can benefit from participating in such a program.

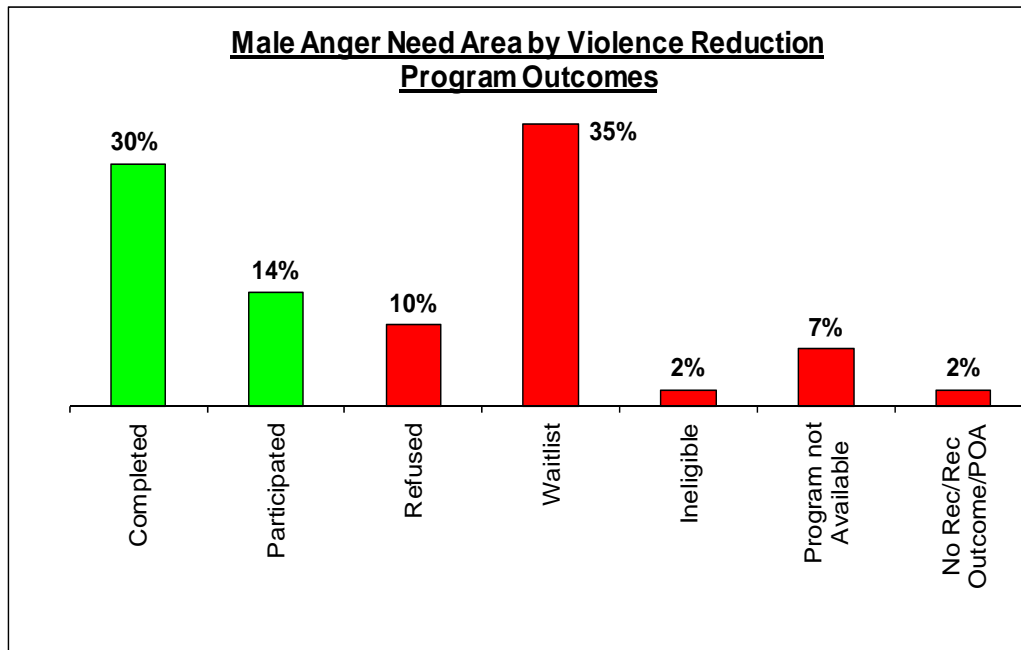
Gap Analysis:

**Chart 1: Release Cohort Male Substance Abuse Need Area by
Correctional Recovery Academy (CRA) Outcomes**

*CRA Program Outcomes:*

- **40% gap**
- **60%** completed or participated in programming
- **17%** released without being housed in a facility that offered CRA programming
- **9%** of eligible offenders refused to participate in programming
- **70%** of enrolled offenders Completed the program
- The outcome of No Rec/Rec Outcome/POA represents 9% due to offenders being eligible for substance abuse treatment based on their Texas Christian University Drug Screening (TCUD) score. The vast majority of these cases represent offenders assessed within close proximity to release, in which they did not have enough time left to serve in order to complete the CRA Program. When excluding this cohort (n=25), the **gap** reduces to 34%, with a 46% completion rate and an additional 20% participating in the program.

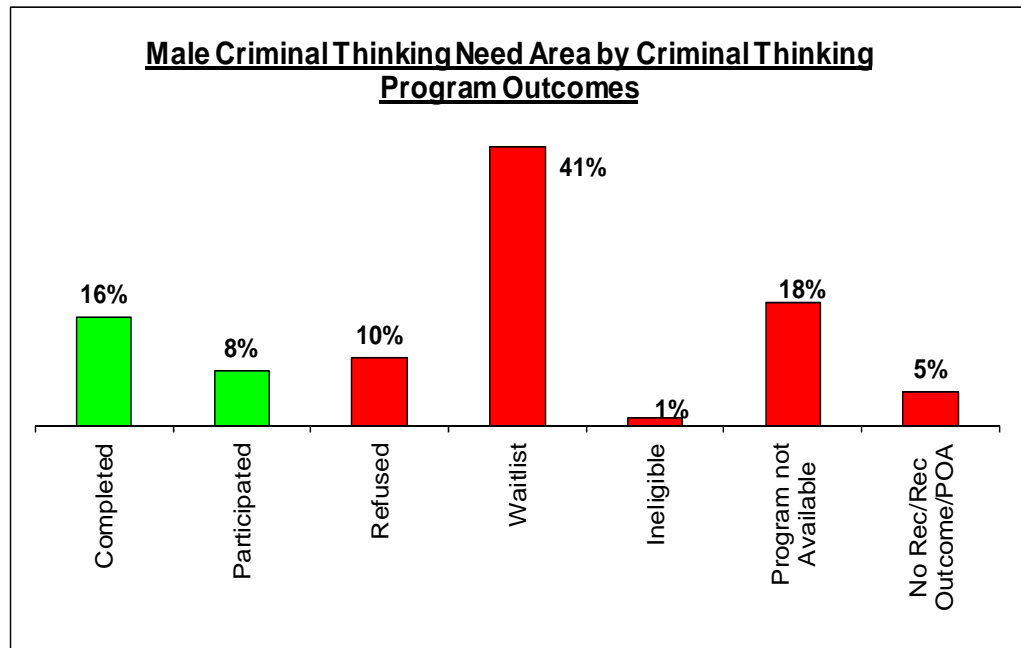
**Chart 2: Release Cohort: Male Anger Need Area by
Violence Reduction Program Outcomes**



Violence Reduction Program Outcomes:

- **56% gap**
- **44%** completed or participated in programming
- **7%** released without being housed in a facility that offered Violence Reduction Program
- **35%** released on the waitlist
- **10%** of eligible offenders refused to participate in programming
- **68%** of enrolled offenders Completed the program

Chart 3: Release Cohort Criminal Thinking Need Area by Criminal Thinking Program Outcomes



Criminal Thinking Program Outcomes:

- **76% gap**
- **24%** completed or participated in programming
- **18%** released without being housed in a facility that offered Violence Reduction Program,
- **41%** released on the waitlist
- **10%** of eligible offenders refused to participate in programming
- **67%** of enrolled offenders Completed the program

Program Updates:

Correctional Recovery Academy (CRA)

- The Interdiction Component rolled out in April 2016 and is an intensive track of the Correctional Recovery Academy designed specifically to address the treatment needs of offenders who receive a disciplinary report for a positive test result for the use of narcotics, controlled substances, illegal drugs, unauthorized drugs, alcohol or other intoxicants. The following service elements have been incorporated into the CRA curriculum:
- Anxiety Group- targets anxiety and anxiety-related behaviors that often act as a pathway to opioid addiction
- High-Risk Relapse Group-is designed to assist offenders who have a history of multiple relapses
- Self-Care Group- purpose of this research-based group is to educate and inform high-risk participants on various aspects of self-care
- Overdose Prevention Group-helps individuals better understand and identify overdose risk factors and how to prevent and reverse overdose
- Opioid Treatment Support Group- incorporates topics aimed at promoting healthy decision-making as part of a new recovery lifestyle

Criminal Thinking and Violence Reduction

- Piloting a program session at Souza Baranowski Correctional Center (SBCC) that includes both Criminal Thinking and Violence Reduction, this will increase programming without adding resources.
- Allocated an instructor to NCCI-Gardner to administer Criminal Thinking and Violence Reduction Programming. This increases the availability of these programs.
- Progressing towards implementing a maintenance phase that is intended to extend the amount of time offenders spend in treatment to further mitigate their assessed needs in the areas of Anger Management and Criminal Thinking.

Additional Information:

- During this quarter, 1,151 offenders were assessed with the TCUD (Texas Christian University Drug Screen) to identify eligibility for substance abuse programming, of which 547 scored high and 604 scored low.
- Since the inception of the Medication Assisted Treatment Reentry Initiative (MATRI) in August 2014, 89 offenders engaged in treatment prior to release, of which 68% received at least one post release injection in the community.
- In collaboration with the Massachusetts Council on Compulsive Gambling, MA DOC assessed approximately 500 offenders with the Brief Biosocial Gambling Screen (BBGS) to work towards identifying the prevalence of problem gambling within our offender population, initial results have indicated that 20% of offenders may be at risk for problem gambling.



GAP ANALYSIS REPORT INFORMATION

Risk Assessment- Tool utilized by the MA DOC to identify offenders who are moderate to high risk to reoffend and prioritize them for programming.

Need Assessment- Tool utilized by the MA DOC to place offenders in the appropriate programs that will aid in their reentry to society, and will most likely reduce the offender's chance of reoffending.

Program Override Entry- Occurs when an offender does not score moderate to high risk for a criminogenic need area based on their needs assessment, and a program recommendation is formulated by their Correctional Program Officer (CPO) due to evidence that the offender can benefit from participating in such a program.

Correctional Recovery Academy (CRA) - is an intensive skill-based residential substance abuse treatment program located at four institutions with a capacity of 528 beds. The CRA targets substance abuse and relapse prevention. The program utilizes rolling admissions and combines the elements of a therapeutic community's social learning approach with an advanced cognitive behavioral curriculum.

Criminal Thinking Program- is designed to focus on altering the pro-criminal thinking patterns that have been identified as separating those who are serious repeat offenders from those who are not. The program focuses specifically on criminal sentiments and how to develop pro-social alternatives for them. The program assists the offender in developing pro-social alternatives to past activities and associates.

Violence Reduction Program- targets cognitions that contribute to violent behavior. The goals of the program are to decrease violent behavior and the likelihood of institutional disturbances. During the program inmates identify the specific cognitions which have led to their violent behavior. Once identified, they are taught pro-social strategies and skills to diminish the likelihood of continued violence.

Substance Abuse Need- Offenders with a score from 3 to 10 on their needs assessment for substance abuse need area, or score High on the Texas Christian University Drug Screen (TCUD).

Substance Abuse Total Number Eligible- The sum of offenders with a substance abuse need, and those with a program recommendation override.

Criminal Thinking Need- Offenders with a score from 6 to 10 on their needs assessment for criminal thinking need area.

Criminal Thinking Total Number Eligible- The sum of offenders with a criminal thinking need, and those with a program recommendation override.

Anger Need- Offenders with a score from 5 to 10 on their needs assessment for anger need area.

Anger Total Number Eligible- The sum of offenders with an anger need, and those with a program recommendation override.

Completed Program- Outcome issued when an offender satisfactorily completed the program.

Participated- Outcome issued when an offender participates in a program, but does not complete the program. The offender was terminated from the program, or enrolled in the program upon transfer to another facility or released.

Refused - Outcome issued when an offender refuses to participate in programming.


Waitlist- Outcome issued when an offender accepts a program recommendation and is on the waitlist for programming.

Ineligible- Outcome issued when an offender has the need for corresponding programming, but is unable to participate in programming due to various reasons, such as length of time left to serve, or housing unit.

Program not Available- Outcome issued when an offender has the criminogenic need for programming; however, the program is not available at their facility.

Pending Override Approval (POA)/no recommendation outcome/no recommendation- Incomplete program recommendations, due to an offender obtaining an early release via parole, or being transferred before a recommendation can be completed at one's prior facility.

Medication Assisted Treatment Reentry Initiative (MATRI)- The purpose of the Medication Assisted Treatment Re-Entry Initiative is to provide pre-release treatment and post-release referral for opioid-addicted and alcohol-addicted inmates at participating sites in the Department of Correction (DOC). This program involves prison-based residential substance abuse treatment and collaboration with community based clinics to provide aftercare treatment. The goal is to facilitate transition into an outpatient substance abuse treatment program which employs a multi-faceted approach to treatment including the use of the medication Vivitrol/Naltrexone, counseling, and aftercare referral to community based providers.



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